

II. Suggested Notice of Intent (NOD) Form**1. General facility information. Please provide the following information about the facility.**

a) Name of facility: MCI Norfolk Wastewater Treatment Plant		Mailing Address for the Facility: 10 Old Campbell St, Norfolk, MA 02056	
b) Location Address of the Facility (if different from mailing address):		Facility Location longitude: 71-18-11.4 latitude: 42-08-02.96	Type of Business: Wastewater Treatment Plant Facility SIC codes:
c) Name of facility owner: Mass State Department of Corrections Owner's Tel #: 508-520-3313 Address of owner (if different from facility address):		Owner's email: Mbeacon@Doc.state.ma.us Owner's Fax #:	
Owner is (check one): 1. Federal <input type="checkbox"/> 2. State <input checked="" type="checkbox"/> 3. Tribal <input type="checkbox"/> 4. Private <input type="checkbox"/> 4. Other <input type="checkbox"/> (Describe)			
Legal name of Operator, if not owner: Mass State Department of Corrections			
Operator Contact Name: Michael Delaney			
Operator Tel Number: (508) 520-3313		Fax Number:	
Operator's email: M.Delaney@doc.state.ma.us			
Operator Address (if different from owner)			
d) Attach a topographic map indicating the location of the facility and the outfall(s) to the receiving water. Map attached? <input checked="" type="checkbox"/>			
e) Check Yes or No for the following:			
1. Has a prior NPDES permit been granted for the discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, Permit Number: MA0102253			
2. Is the discharge a "new discharge" as defined by 40 CFR Section 122.22? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, Permit Number MA0102253			
3. Is the facility covered by an individual NPDES permit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, date of submittal:			
4. Is there a pending application on file with EPA for this discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, date of submittal:			

2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed)

a) Name of receiving water into which discharge will occur: Shop River
 State Water Quality Classification: Freshwater: X Marine Water:

b) Describe the discharge activities for which the owner/applicant is seeking coverage:

1. Construction dewatering of groundwater intrusion and/or storm water accumulation.
2. Short-term or long-term dewatering of foundation pumps.
3. Other.

c) Number of outfalls 1

For each outfall:

d) Estimate the maximum daily and average monthly flow of the discharge (in gallons per day - GPD). Max Daily Flow 2400 GPD
 Average Monthly Flow 2400 GPD

e) What is the maximum and minimum monthly pH of the discharge (in s.u.)? Max pH 8.3 Min pH 6.5

f) Identify the source of the discharge (i.e. potable water, surface water, or groundwater). If groundwater, the facility shall submit effluent test results, as required in Section 4.4.5 of the General Permit.

g) What treatment does the wastewater receive prior to discharge? Filtering through sand beds for TSS

h) Is the discharge continuous? Yes ✓ No If no, is the discharge periodic (P) (occurs regularly, i.e. monthly or seasonally, but is not continuous all year) or intermittent (I) (occurs sometimes but not regularly) or both (B)
 If (P), number of days or months per year of the discharge 20 and the specific months of discharge 5 months;
 If (I), number of days/year there is a discharge
 Is the discharge temporary? Yes ✓ No
 If yes, approximate start date of dewatering 3/8/2001 approximate end date of dewatering 8/1/2001

i) Latitude and longitude of each discharge within 100 feet (See <http://www.epa.gov/tri/report/siting.html>): Outfall 1: long 71-18-08 lat 42-08-07
 Outfall 2: long lat ; Outfall 3: long lat .

j) If the source of the discharge is potable water, please provide the reported or calculated seven day ten year low flow (7Q10) of the receiving water and attach any calculation sheets used to support stream flow and dilution calculations N/A cfs
 (See Appendix VII for equations and additional information)

MASSACHUSETTS FACILITIES: See Section 3.4 and Appendix I of the General Permit for more information on Areas of Critical Environmental Concern (ACEC):

k) Does the discharge occur in an ACEC? Yes _____ No X
If yes, provide the name of the ACEC: _____

3. Contaminant Information

- a) Are any pH neutralization and/or dechlorination chemicals used in the discharge? If so, include the chemical name and manufacturer, maximum and average daily quantity used as well as the maximum and average daily expected concentrations (mg/l) in the discharge, and the vendor's reported aquatic toxicity (NOAEL and/or LC₅₀ in percent for aquatic organism(s)). N/A
- b) Please report any known remediation activities or water-quality issues in the vicinity of the discharge.

4. Determination of Endangered Species Act Eligibility: Provide documentation of ESA eligibility as required at Part 3.4 and Appendices III and IV. In addition, respond to the following questions.

- a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes _____ No X
- b) Has any consultation with the federal services been completed? Yes X No _____
- c) Is consultation underway? Yes _____ No _____
- d) What were the results of the consultation with the U.S. Fish and Wildlife Service and/or NOAA Fisheries Service (check one): a "no jeopardy" opinion X or written concurrence _____ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat.
- e) Which of the five eligibility criteria listed in Appendix 2, Section B (A,B,C,D, or E) have you met? A
- f) Please attach a copy of the most current federal listing of endangered and threatened species, found at USF&W website.

5. Documentation of National Historic Preservation Act requirements: Please respond to the following questions:

- a) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility site or in proximity to the discharge? Yes _____ No X
- b) Have any State or Tribal historic preservation officers been consulted in this determination? Yes _____ or No _____ If yes, attach the results of the consultation(s).
- c) Which of the three National Historic Preservation Act requirements listed in Appendix 3, Section C (1,2 or 3) have you met? _____

6. Supplemental Information: Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit

7. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22 (see below) including the following certification:

I certify under penalty of law that (1) no biocides or other chemical additives except for those used for pH adjustment and/or dechlorination are used in the dewatering system; (2) the discharge consists solely of dewatering and authorized pH adjustment and/or

Appendix V - NPDES Dewatering General Permit

Page 8/9

dechlorination chemicals; (3) the discharge does not come in contact with any raw materials, intermediate product, water product or finished product; (4) if the discharge of dewatering subsequently mixes with other permitted wastewater (i.e. stormwater) prior to discharging to the receiving water, any monitoring provided under this permit will be only for dewatering discharge; (5) where applicable, the facility has complied with the requirements of this permit specific to the Endangered Species Act and National Historic Preservation Act; and (6) this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility Name: MCI Norfolk Wastewater Treatment Plant

Operator signature:

Robert M. Schuch

Title:

Regist Manager

Date:

3/8/10

Federal regulations require this application to be signed as follows:

1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For partnership or sole proprietorship, by a general partner or the proprietor, respectively, or,
3. For a municipality, State, Federal or other public facility, by either a principal executive officer or ranking elected official.